SUPPLEMENTARY NOTE TO THE ARTICLE ON "BLINDNESS FOLLOWING INJURIES TO THE BACK OF THE HEAD."*

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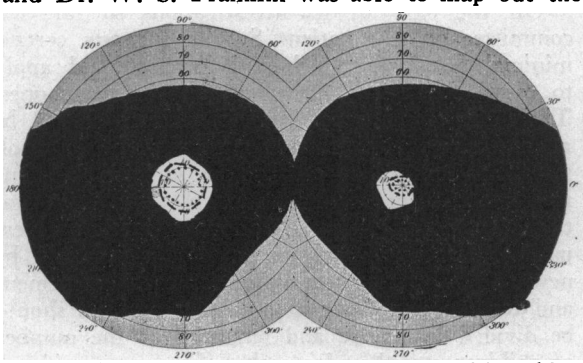
In the paper named in the heading, the prognosis of the blindness which has been observed after injuries to the back of the head was considered, three cases being adduced, one from the literature and two from personal observation. In one of the personal cases the patient was a child, four years of age at the time of the accident. He seemed to be blind for about six months. At the time of the report, a year and eight months after the injury, he could see: "how much, it has not yet been possible to determine accurately, for he can not be induced to fix his gaze with sufficient steadiness to make a perimetric register possible." His central vision was evidently good, but it was thought that the field was greatly constricted.

Since then the boy has grown in understanding, and Dr. W. S. Franklin was able to map out the



fields; the diagrams show them for white, blue and red, in the order mentioned. The optic discs look just as they did in 1914: they are pale, the right paler than the left, but the vessels are not narrow. Central vision is 20/30 in the right eye, 20/20 in the left.

This is the condition four years after the injury.

TWO FREAK ACCIDENTS DURING TONSILLECTOMIES.*

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Case 1. A well-developed boy of 20. An unusually large mouth. He was operated upon for chronic tonsillitis. After finishing the operation on removing the Sewall gag, the patient gasped and the tongue of the gag slipped down his throat, lodging between the cords in the larynx. It gave me a bad half moment but after several attempts was able to grasp it between the tips of my fore and middle finger and bring it to light. There were no after effects.

Case 2. Well-nourished girl of 19, a T. B., who had been built up for a badly needed tonsillectomy. She had never had a pulmonary hemorrhage. She took the anesthetic badly as all T. B.s do. After the uneventful removal of the left tonsil, with the cavity perfectly dry, I shifted the gag preparatory to operate upon the other side, when she gave a cough and her mouth filled up with bright red blood. I sponged rapidly and after a few moments the hemorrhage ceased. In the meanwhile the character of the bright frothy blood had told me what had happened and I quickly enucleated the other tonsil and put the patient to bed. She had one more slight hemorrhage the next morning. Since that time two months after operation she has not had another and her general condition has greatly improved.

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STATUS AND STANDARDS OF DISPENSARY PRACTICE.

It is admittedly true that in the development of the present-day hospital system the growth in size and departments of the out-patient departments has been faster than their growth in efficient methods of practice and administration. There is no doubt that the out-patient department and dispensary have come to stay and that the growing demand for their services will lead to still greater development and extension in the near future. There is reason for believing that the dispensary will come to be one of the chief agents in public health and preventive medicine propaganda. It has been recognized of course as a feeder for the hospital. But equally or even more important is its function in following up post-hospital cases both for treatment and for data on end-results. A specialized feature of dispensary practice is its application to preventive medicine. This is exemplified in the infants' milk stations and children's clinics, the tuberculosis clinics and the social service features which are coming into increasing prominence. The dispensary system is being utilized to good advantage too by industrial concerns both for treatment and for prevention.

In spite of the recognized importance of the dispensary in organized medical work, and of the tremendous impetus in the last few years of the systemization of the hospital system, in the interests of economy and efficiency, the dispensary has been grossly neglected, and its real possibilities and obligations have been slighted. It has remained for the American Hospital Association to institute definite steps toward remedying the present deficiencies. The report of the Committee on Out-patient Service of that association (Read at 16th annual conference of Amer. Hosp. Assoc., at St. Paul., Aug. 25-28, 1914. Reported in *Modern Hospital,* Jan., 1915,) embodies the first available general study of the dispensary situation, and formulates a tentative program for improvement.

The total number of dispensaries in the United States is estimated at 760, of which 400 are general dispensaries, 300 are for tuberculosis only, and 60 are restricted to specialties. Nearly 200 more are devoted to preventive work among babies. There are an indefinite number, too, on a private basis, school clinics, of which most are dental, and commercial clinics, not always ethically conducted. The total of 760 is seven times as great as in 1900. Only ten states have no dispensary at all.